ISSUE SLIP STAPLE AREA (for additional cross references) **POSITION** INITIALS ID NO. DATE FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW INDEX OF CLAIMS Rejected Allowed Interference (Through numeral) Canceled Restricted Objected Claim Claim Date Final Original 222 1 39

If more than 150 claims or 10 actions staple additional sheet here